

# Correspondence

*The Editors will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words and must be typewritten, double-spaced, and submitted in duplicate (the original typescript and one copy). Authors will be given the opportunity to review the editing of their correspondence before publication.*

## Abortion 'Gag' Rule

TO THE EDITOR: It is extremely disturbing that the Supreme Court has upheld the government regulation that physicians at family planning clinics receiving federal funds may not even mention the possibility of abortion to a woman. If they do, funding may be withheld.

This is not primarily an abortion issue.

It is not a religious issue—about half of Americans belong to religions that have no objections to abortion.

It is not a conservative versus liberal issue—John Kilpatrick, one of the nation's most conservative columnists, has denounced the Supreme Court's decision, for instance.

The real issues for physicians and patients are these:

- Abrogation of freedom of speech as guaranteed by the Constitution;
- Infringement upon the traditional and hitherto inviolable right of a physician to discuss freely all medical options with a patient; and
- Effective cancellation of the option of safe and legal abortions for low-income women.

This regulation currently is limited to abortion in federally funded family planning clinics, but who can foresee what future administrations will decide are unfit subjects for physicians to discuss with patients? The fact is that no one can predict what will result if this invasion of professional freedom is allowed to stand. The entire issue is fraught with uncharted and unpredictable dangers to the medical profession and to patients.

As I write this letter, there is a bill pending in Congress (HR 392) that, if passed, would negate this regulation. The probability is that this bill will pass. A Presidential veto is almost certain, however, unless there is vigorous opposition, and Congress probably will not be able to override the veto.

I strongly urge organized medicine and all physicians to write the President and request that he sign HR 392 as a protest against this extremely serious intrusion on the rights of free speech and professional freedom.

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## Do We Need Warning Labels on Food?

TO THE EDITOR: As a family practitioner and full-time sports medicine physician, I was surprised by the commentary in the March 1991, "A Public Health Approach to Cholesterol," by Thomas Bodenheimer, MD, MPH.<sup>1</sup> He has made an effort to emphasize the consequences of elevated cholesterol on coronary heart disease (CHD) at the expense of common sense.

To suggest that low CHD rates in China and Japan are due to low-cholesterol and low-fat diets is to deny the role of heredity and life-style in coronary artery disease. To state

that "ice cream, steak, and french fries are killers" is inflammatory and inaccurate. Diseases of the heart and cerebral vascular disease have dropped 44% and 65%, respectively, from 1950 to 1987, just in the years when fast food services were expanding.<sup>2</sup> Certainly many active persons using 2,000 to 3,000 calories a day could eat lean meat three to four times a week and remain well under fat intake limits set by the American Heart Association. Athletes and other active persons can also eat ice cream regularly without dying, if they choose other lower calorie and fat desserts regularly as well.

My concern is that athletes—women athletes and dancers specifically—are already at risk for iron deficiency and its consequences. They may be only further diverted from the best source of iron available to them—red meat. Women athletes are at risk for experiencing problems associated with iron deficiency due to increased demand associated with training and a possibility of compromised ability to use iron.<sup>3-6</sup> Diets inadequate in iron, often represented by modified vegetarian diets, have been shown to be related to amenorrhea in athletes.<sup>4</sup> Red meat has important elements of iron, zinc, and protein for an athlete's diet.

As the medical community seeks to improve health and make life-style changes, it is important that these changes be made with adequate scientific background.

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TO THE EDITOR: I read with interest Dr Bodenheimer's commentary on cholesterol in the March 1991 issue.<sup>1</sup>

I agree with Dr Bodenheimer's concern regarding our typical modern American approach to this problem. The National Cholesterol Education Program (NCEP) is emphasizing minor dietary change and then drugs, and we Americans are bombarded with the marketing of unhealthy foods. I believe the diagnosis of the problem is extreme, however, and the proposed solutions call for an unacceptable level of social control of people's lives and choices. The author suggests that our goal should be to have Americans' cholesterol levels down to a total cholesterol level of 150 mg per dl or lower. I would suggest that this goal is entirely impractical and that public health data suggest that most Americans with a total cholesterol level between 150 and 200 mg per dl have excel-